(1) Provide the name of s [(261B.4(2))] and [(261B.4		ss of the principal o	ffice as defined in low	va Code Section 490.140 or 510.141:
Name of School:		Suite:	Si	treet:
Tulsa Welding School	ol		2	545 E. 11th Street
City:	State:	Zip:	Country:	
Tulsa	OK	74104	USA	
Telephone Number for the	e schools' primary	state authorization	n contact (including co	ountry or area code):
OK - Nora House (40	05) 528-3370; F	-L - Brandon Ele	dridge (850) 245-3	3200
E-mail address for the sch	nools' primary auti	horization contact:		
OK - nhouse@obpvs	s.ok.gov; FL - E	Brandon.Eldridg	e@fldoe.org	
(2) Type of school:	or-profit	Non-profit	Public	
registration to offer distant at which students will part	ce education prog icipate in a structi	rams and who has	established, or plans ce, the school may red	ccur. For a school that is applying for to establish a permanent lowa site(s) cord below the location of that lowa
Suite:	•	reet:		
City:	Sta	ate:	Zip:	
Telephone:				

(4) Provide the total estimated tuition charges, fees and other costs payable to the school by a student over the course of each entire program. [(261B.4(3))] If the school is applying to offer both residential programs that require some face-to-face interaction between student and faculty at an lowa location, in addition to programs that are offered fully "at a distance," please separately list distance education programs, as illustrated below.

Residential Program to be Offered in lowa	Tuition	Fees	Books and Supplies	Other	Estimated Total Program Charges
Professional Welder	15,288	1,815	850	252	18,205
Pipefitting*	11,508	950	1,150	200	13,808
AOS in Welding Technology*	15,980	1,205	2,115	252	19,552
Shipfitting & Steel Fabrication	15,525	765	765	252	17,307
Electro-Mechanical Technologies**	16,500	50	1,442	75	18,067
Refrigeration Technologies**	10,000	50	1,350	75	11,475
Electronic Systems Technician**	15,200	450	1,025	75	17,250

<sup>\*</sup>Available at the Tulsa, OK campus only

<sup>\*\*</sup>Available at the Jacksonville, FL campus only

Distance Education Program to be Offered in Iowa	Tuition	Fees	Books and Supplies	Other	Estimated Total Program Charges
N/A					
		ļ			
		L			
<ol> <li>Please list all distance education president to participate in at an lowa loc ocumentation that describes the experience.</li> </ol>	ation. For e	each pro	gram that includes a fi	eld experie	nce, please a

ermit an Iowa

N/A

school's contact person at the agency. Attach documentation of the school's approval.			
State of Iowa Agency Name:			
N/A			
Contact Person:	Telephone Number:		
E-mail address:			
(7) Does the school plan to offer in lowa a program employment?	n that prepares a student for first-time, licensed professional		
✓ No Yes			
List the program and the lowa professional licensur	re board that licenses persons to practice the profession for wh		

(6) Provide the name of every other State of Iowa agency required to approve the applicant school in Iowa and the

school's program prepares a student. For each program, attach documentation demonstrating that the school's program either meets the requirements of a programmatic accrediting agency approved by the lowa professional licensure board, or that the school's program meets the lowa professional licensure board's curriculum requirements such that a student who completes the school's program is not required to complete additional coursework or practicum hours that the school did not offer in its program.

(8) Provide a copy, a link to the school's Internet site, or a description of the school's refund policy for the return of refundable portions of tuition, fees, or other charges [(261B.4(4))] For a for-profit school with at least one program of more than four months in length that leads to a recognized educational credential, the school's tuition refund for lowa students must comply with Iowa Code Section 714.23. For more information about Iowa Code Section 714.23, contact the Postsecondary Registration Administrator or see the Postsecondary Registration tab on the Commission's main web page at www.iowacollegeaid.gov.

See Enrollment Agreement Amendment in Tab 1, and School Catalog pages 40-41 in Tab 2.

Name:		Cuita.		Street
		Suite:		Street:
Mary Kelly	State	230	0	120 N. 44th Street
City: Phoenix	State:	Zip:	Country:	Telephone Number:
	AZ	85034	USA	(602) 490-3452
comply with 261B.9 [(2		n's memer site,	or describe be	elow the means by which the school intends to
261B.9 DISCLOSUI Prior to the commence instruction, a school sl that the information is	ement of a course hall provide writte	of instruction a	students of the	receipt of a tuition charge or fee for a course of e following information accompanied by a statement
2. A brief desc 3. The tuition of one course 4. The refund charges. If 5. Whether the of the course the school 6. The name of	e at the school, the policy of the scho refunds are not to e credential or cer se or the fact of co and, if so, under v	ject matter of these charged for the tuition charge of for the return to be paid, the intificate issued, to ompletion of the what circumstanagency recognized.	the course. If a or fee for all co of their fundab formation shall awarded, or cre course is applices the applicated by the Unite	a student is enrolled in more than courses may be stated in one sum. ble portion of tuition, fees, or other II state that fact. redited to a student upon completion policable toward a degree granted by cation will be made. itted States department of education
Please see attach 1. School Catalog 2. School Catalog 3. School Catalog 4. School Catalog 5. School Catalog 6. School Catalog	Pages 7-20 Pages 7-20 Pages 21-22 Pages 40-41 ( Page 17			nal)
(11) Provide the name applying for distance e ransacting business ir	ducation and has	registered with	the Iowa Secre	person in Iowa. [(261B.4(10))]. If the school is retary of State as a for-profit or non-profit corporation density agent.
Name:			Suite	e:
NCR, LTD			222	2
Street:		City:	State	te: Zip:
604 Locust Street		Des Moines	i IA	50309
Country:			Telephone N	Number (including country or area code):
USA			1-800-483	3-1140
12) Provide the name (261B.4(6))]	, address, and title	e of the other of	fficers and men	mbers of the legal governing body of the school:
Officer Number 1 Name:			Suite	e:
See Tab 3 for Offic	er and Owner	ship Informat	ion.	

Country:	Telephone Number (including country or area code):			
For officers 2 or more,	add pages as needed.			
(13) For a for-profit inst school: [(261B.4(6))]			rsons owning more than 10% of the	
Name:	See Tab 3 for Officer and Ownership Information. Suite:			
Street:	City:	State:	Zip:	
Country:		Telephone Number (inc	cluding country or area code):	
For owners 2 or more, a	add pages as needed.			
Department of Educat	ion. [(261B.4(9))] Attach a	programs offered in lowa the copy of the school's accredit anding or final accrediting age	at are recognized by the U.S. ation status for each agency. Provide a ency sanction.	all
approved the lowa loca	tion, provide documentation	from the accrediting agency	ne school's accrediting agency has not that its approval is not required or the ccrediting agency upon approval by the	
Accrediting Agency 1 Name:		Suite:		
Accrediting Commission	of Career Schools and College	s (ACCSC) 302		
Street:	City:	State:	Zip:	
2101 Wilson Boule	vard Arlington	VA	22201	
Country:			cluding country or area code):	
USA		(703) 247-4212		
Contact Person:		, ,		
Juanita Gurubathar	n			
Accrediting Agency 2 Name:		Suite:		
ramo.		ouite.		
Street:	City:	State:	Zip:	
Country:		Telephone Number (inc	cluding country or area code):	
Contact Person:				
Accrediting Agency 3 Name:		Suite:		
Street:	City:	State:	Zip:	

ountry: Telephone Number (including country or area code):					
Contact Person:					
For additional accrediting agencies, add	additional pages.				
(15) Describe the procedures followed by preservation of student records. [(261B.		arding (e.g., storage, sec	urity and back-up processes) and		
All records of enrolled students a CampusVue, our electronic filing grades, are entered in to the Cam	systems. Additional	electronic records, in	ncluding attendance and		
(16) Provide the contact information to be Name:	oe used by students and	graduates who seek to Suite:	obtain transcript information.		
Temple Owens (OK); Patti Baker	(FL)				
Street:	City:	State:	Zip:		
2545 E. 11th St.; 3500 Southside Blvd.	Tulsa; Jacksonville	OK; FL	74104; 32216		
Country:	Teleph	one Number (including o	country or area code):		
USA	(918)	587-6789 (OK); (90	4) 646-9353 (FL)		
E-mail address and/or web site:					
Compliance@twsweld.com; www	v.weldingschool.com	1			
(17) List the states and licensure/authorization agencies for all states that require the school to obtain authorization to operate, maintain a presence, or offer distance education in that state. Attach documentation of the school's licensure/authorization status in each state. Do not list states in which the school's status is "exempt."					
State: See Tab 5 for State License/Authorization List. Agency Name:					
(18) Has a state ever revoked the school	l's approval to operate i	n that state?			
No Yes. If yes, attach documentation from the state of its revocation action.					
(19) Has a state sanctioned the school v	vithin the year prior to th	e date of this application	?		
No Yes. If yes, attach documentation from the state of its sanction action.					
(20) Is the school presently under investigation by or bound to the terms of a judgment issued by a state's attorney general or other enforcement authority?					
No Yes. If yes, attach docu	mentation of the investi	gation or judgment from	the enforcement authority.		
(21) Will the school certify that it will immediately notify the Commission of any pending or final sanction issued by the school's accrediting agency, another state agency that registers or licenses the school during its lowa registration term, or a state attorney general's office or other enforcement authority?  Yes No					

(22) Describe the academic and instructional methodologies and delivery systems to be used by the school and the extent to which the school anticipates each methodology and delivery system will be used, including, but not limited to, classroom instruction, correspondence, internet, electronic telecommunications, independent study, and portfolio experience evaluation. [(261B.4(13))]

Instruction for each of our Tulsa Welding School campuses is completed through a combination of lab work, class work, and outside preparation for certain courses.

(23) Is the school subject to a limitation, suspension or termination (LST) order issued by the U.S. Department of Education?
☐Yes ✓ No
Please attach a copy of the school's current federal student aid Program Participation Agreement with the U.S. Department of Education.
See Tab 6 for Program Participation Agreement.
(24) Do you currently:
Enroll students in lowa? No Yes. How many? 1/1/13 to 12/31/13 = 14; 11 for OK and 3 for FL
Employ lowa faculty No Yes. How many full-time? How many part-time?
Provide the name(s) of and business contact information for any lowa resident that the school compensates to provide instruction or academic supervision in the programs its offers in lowa.
N/A
(25) Do you compensate lowa residents to perform other operational activities for the school besides teaching (e.g., program or lowa site coordinator, call-taker, admissions representative)?
Provide the names, titles, and business contact information for all lowa residents that the school compensates to provide operational support other than teaching. Attach a resume, other documentation, or provide a link to the school's Internet site that provides a curriculum vitae summary for each lowa resident employee who is a <i>full-time program or lowa site coordinator</i> .
We have Agents that are available to recruit in Iowa, but they are not residents of Iowa. Roger Claxton (Tulsa, OK), James Krier (Tulsa, OK), Gabriel Zambrano (Tulsa, OK), and David Cahill (Jacksonville, FL).
(26) Of the total number of faculty (including those that may not be lowa residents) who will provide instruction in programs offered to lowa residents, how many are full-time? 29 (OK); 29 (FL) How many are part-time? 1 (FL)
Attach resumes, other documentation, or links to your Internet site that describe 1) the educational and experiential qualifications of all faculty or instructors who teach the courses offered to lowans, and 2) the general subject matter in which they teach.
See Faculty Addendum enclosed in Tab 2.
(27) How will your school comply with <i>lowa Code</i> section 261B.7, which requires the school to disclose that it is registered by the Commission, including and provide the Commission's contact information for student questions or complaints?
See School Catalog (page 4) and Catalog Addendum (page 1) in Tab 2.
(28) Will your school comply with the requirements of Iowa Code Section 261.9(1)"e" to "h"?

<b>√</b> Yes  No
Note: Schools that apply for registration to offer distance education programs and who have no compensated parties working remotely for the school from an lowa location are not required to comply with lowa Code Section 261.9(1)"h". For more information about lowa Code Section 261.9(1), please contact the Postsecondary Registration Coordinator or see the Postsecondary Registration/Authorization tab on the Commission's main web page at www.iowacollegeaid.gov.
You must attach policies that are ready for implementation upon registration approval and that comply with these requirements.
Applicable policies can be found in Tab 7 (Student Right-to-Know) and Tab 8 (Additional Policies).  (29) Does the school agree to file annual reports that the Commission requires from all lowa colleges and universities? (Note: at this time the Commission does not require annual reports for out-of-state distance education program providers.)
✓ Yes No
(30) Attach a copy of the applicant school's most recent independent audit report prepared by a certified public accountin firm no more than 12 months prior to the application and state below where, in the audit report, there is evidence that the auditor is providing an unqualified opinion.
Note: A school may submit to the Postsecondary Registration Coordinator financial statements associated with an independent audit in a separate electronic file that is marked confidential. The Commission will not treat as public record financial statements that a school identifies as confidential.
See Tab 9 for Audited Financial Statements.
(31) Describe how your school provides students with learning resources, including appropriate library and other support services requisite for the school's programs.
Please refer to the Facilities section in the School Catalog (page 5) in Tab 2 for each campus location.
(32) Provide evidence that faculty within an appropriate discipline are involved in developing and evaluating curriculum for the program(s) to be registered in lowa.
See Tab 10 for a letter from the Campus President at each campus location as evidence of faculty involvement in curriculum.
(33) If applicable, please provide evidence that the school has adequate physical facilities appropriate for the program(s) and students services to be offered and are located in the state. For a school that applies for registration to open a fixed instructional site, include a copy of a signed agreement for a facility purchase or lease or option to purchase or lease.

See Tab 11 for copies of the floor plan of each campus.

(34) For a for-profit institution, provide an organizational plan that shows the physical address and contact information for all internet-based and site-based educational locations, administrative, and service centers operated by the applicant and any parent organization.

Refer to Catalog and School Catalog Addendum in Tab 2.

(35) Provide documentation showing the school's policy for the resolution of student and graduate comments and complaints. Provide complete contact information to which complainants may be referred.

Refer to School Catalog page 35 and Catalog Addendum page 1 in Tab 2.

(36) Provide the U.S. Department of Education cohort default rate for each associated organizational entity for which the U.S. Department of Education reports a cohort default rate.

See Tab 12 for Cohort Default Rates.

37) Provide the average debt upon graduation of individuals completing programs at each branch location and the entire organization,

See Tab 8 for Student Right-to-Know Information which contains the median debt upon graduation.

(38) Provide the U. S. Department of Education cohort graduation rate for each branch location and the total organization, showing rates for graduates of diploma, two-year, and four-year, programs if those rates are reported to the U. S. Department of Education National Center for Education Statistics.

See Tab 13 for Cohort Graduation Rates as reported for IPEDS.

## SIGNATURE

Applicant School Chief Executive Officer	
Mary Kelly	President & CEO
Name	Title 4/3-/14
Signature	Date

By my signature above, I commit to the delivery of programs this school offers in lowa, and agree to provide alternatives for students to complete programs at other institutions if the applicant school closes the program before students have completed their courses of study.

## Additional Instructions:

- If any information in this application changes between the time the Commission of application Commission action, the school must inform the Commission in writing.
- A registration fee of \$1000 is due and payable to the State of lowa upon registration approval.
- Registrations must be renewed every two years. During a registration term, a school must submit a written
  request for amendment and remit an additional \$1000 amendment fee upon any substantive change in program
  offerings, location, or accreditation.
- During a registration term, changes that occur to the information provided in this application must be submitted in
  writing (e-mail is acceptable) to the Postsecondary Registration Coordinator within 90 days of the change (e.g., a
  new program that does not required the approval of an agency of the state of lowa).
- During a registration term, a school that offers distance education programs that include a mandatory structured field experience must notify the Commission of the Iowa field experience location within 90 days of establishing the Iowa field experience site.

Revised 2/01/14